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PP RUEHAG RUEHBI RUEHCI RUEHDBU RUEHLH RUEHNEH RUEHPW RUEHROV RUEHSL

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FM AMEMBASSY ASHGABAT

TO RUEHC/SECSTATE WASHDC PRIORITY 3942

INFO RUCNCLS/ALL SOUTH AND CENTRAL ASIA COLLECTIVE

RUCNCIS/CIS COLLECTIVE

RUCNMEM/EU MEMBER STATES COLLECTIVE

RUEHAK/AMEMBASSY ANKARA 6032

RUEHBJ/AMEMBASSY BEIJING 3726

RUEHKO/AMEMBASSY TOKYO 3585

RUEHIT/AMCONSUL ISTANBUL 4274

RHMCSUU/CDR USCENTCOM MACDILL AFB FL

RUEAAIA/CIA WASHDC

RHEFDIA/DIA WASHDC

RUEKJCS/Joint STAFF WASHDC

RHEHNSC/NSC WASHDC

RUEHC/SECSTATE WASHDC 3943

RUEHVEN/USMISSION USOSCE 4213

C O N F I D E N T I A L ASHGABAT 001645

SIPDIS

STATE FOR SCA/CEN

E.O. 12958: DECL: 12/22/2019

TAGS: PHUM PREL PGOV SOCI TX

SUBJECT: TURKMENISTAN: DOCTORS WITHOUT BORDERS STILL HOLDING OUT HOPE FOR EXTENDING STAY

Classified By: Charge Sylvia Reed Curran for reasons 1.4 (b) and (d).

11. (SBU) We met December 21 with Tim Baerwald and Silvia De Weerdt, Head of Mission and Medical Coordinator, respectively, for Medecins Sans Frontieres (MSF - Doctors Without Borders). Baerwald and De Weerdt are in Ashgabat for a six week-period to try to conclude negotiations on an agreement on multiple-drug resistant TB and thereby extend MSF's work in Turkmenistan. Negotiations on this agreement have been ongoing since late 2008. The other projects MSF had been working on ended in September.

12. (C) Baerwald and De Weerdt said MSF decided to issue a press release on the organization ending its medical activities in an effort to attract further international support to keep them in the country. MSF is the only international humanitarian NGO in Turkmenistan. The item that is preventing reaching an agreement is that the Turkmenistan government does not want MSF to work directly with patients. However, MSF's mandate requires that it not only have direct access to patients, but that it also provide public reports on its findings. MSF wants to continue its work, because medical needs in the country are high, Baerwald said, especially in regard to multi-drug resistant TB.

13. (C) Baerwald met with Deputy Chairman for Health and Education Hydyr Saparlyev, who was resistant to their proposals. Following that meeting, MSF received a diplomatic note, asking it to provide technical assistance to the Turkmenistan government. MSF has rejected that proposal, because it would not involve patient access. Saparlyev's office then referred MSF to the Ministry of Health for further discussions. Nevertheless, MSF has yet to receive a response to the letter it sent formally requesting a meeting with the Minister of Health.

14. (C) COMMENT: In our view, the departure of MSF will be a shame. They have done good work on health in a country which has sorely needed assistance in that area. Nevertheless, we hold out little hope that they will reach agreement with the Turkmen. In fact, it seems to us that the request for technical assistance is the official Turkmen response, designed to keep MSF here, without violating Turkmen redlines. The Turkmen government does not want foreigners

working directly with patients, observing illness, and then reporting the extent of health problems in the country. The government response to the recent H1N1 outbreak was to declare it did not exist in the country. Doctors are loathe to report incidence of serious illness (or even treat some patients with serious illness) for fear that they will be blamed when unpleasant statistics are reported for their hospitals. This fact we learned from MSF sources.

15. (C) COMMENT CONTINUED: It is likely that the Deputy Chairman's referral of MSF to the Minister of Health, his subordinate, is a dodge. The Minister of Health has less power than his boss. Given that there is little room to give on both sides, we doubt that the request for the meeting comes through before the six-week clock runs out on this couple's TDY or if it does, that it brings any change. END COMMENT.

CURRAN